

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) SEAL PAC SUPPORTING ELECTING AMERICAN LEADERS PAC		FEC IDENTIFICATION NUMBER ▼ C C00570226
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee MWPolitical, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2020
Mailing Address 114 Karland Dr NW		Amount 25000.00
City Atlanta	State GA	Zip Code 30305-1126
Purpose of Expenditure Digital Advertising	Category/Type	Transaction ID : E8BBE8797CAFB49DA84F Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2020
Name of Federal Candidate McCormick, Richard Dean, Dr., ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: GA
Calendar Year-To-Date Per Election for Office Sought 50000.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee MWPolitical, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2020
Mailing Address 114 Karland Dr NW		Amount 25000.00
City Atlanta	State GA	Zip Code 30305-1126
Purpose of Expenditure Digital Advertising	Category/Type	Transaction ID : E493CFD02F76A4F539FC Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2020
Name of Federal Candidate Bacon, Don, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NE
Calendar Year-To-Date Per Election for Office Sought 50000.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	50000.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Kilgore, Paul, , ,

[Electronically Filed]

Date

 MM / DD / YYYY
 09 / 25 / 2020

Signature

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name of Payee MWPolitical, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2020	
Mailing Address 114 Karland Dr NW		Amount 25000.00	
City Atlanta	State GA	Zip Code 30305-1126	Transaction ID : EE3A3F3BF33CB45498EC
Purpose of Expenditure Digital Advertising	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2020	
Name of Federal Candidate Garcia, Michael, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 25 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee MWPolitical, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2020	
Mailing Address 114 Karland Dr NW		Amount 25000.00	
City Atlanta	State GA	Zip Code 30305-1126	Transaction ID : EFFD41CB9247B463386C
Purpose of Expenditure Digital Advertising	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2020	
Name of Federal Candidate Perry, Scott, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 10 <input type="checkbox"/> President <input type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	50000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	100000.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Kilgore, Paul, ,**[Electronically Filed]*

Date

MM / DD / YYYY
09 / 25 / 2020

Signature